Case Number:	CM13-0002010		
Date Assigned:	07/23/2013	**Date of Injury:**	12/27/2000
Decision Date:	01/02/2014	**UR Denial Date:**	07/11/2013
Priority:	Standard	**Application Received:**	07/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 12/27/2000. The patient's diagnosis is status post lumbar fusion with ongoing abdominal pain and a right shoulder impingement syndrome. The medical records indicate that the patient has undergone treatment for low back pain and bilateral lower extremity radiculitis and has a history of surgery and depression. Recent physical examination findings of 06/14/2013 included lumbar paraspinal tendinitis, muscle spasm and guarding, a well-healed surgical scar, and restricted motion of the lumbar spine with symmetrical reflexes. Treatments in the past have included multiple medications including opioids, laminectomy, epidural steroid injections, and the home exercises. On initial physician review, the reviewer concluded that naproxen was not warranted since the patient had not had any recent changes in pain or function and since the patient had been diagnosed with abdominal pain. Tizanidine was noncertified by the initial reviewer with the rationale that the patient has used this medication for an extended time but still had been noted to have muscle spasms with pain. Hydrocodone was noncertified with the rationale that the records did not document functional improvement or other extenuating circumstances. Regarding zolpidem, this medication was initially noncertified with the rationale that guidelines instead support non-benzodiazepine citing antihypnotics as a first line of medication for insomnia. Xoten-C was recommended as noncertified given the lack of information to support a rationale for topical analgesics in this case. The provider submitted an Appeal in this case opining that hydrocodone is an essential component of the patient's Pain Management Program and would provide temporary relief and stabilize the patient's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Naproxen 550mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: The Medical Treatment Utilization Schedule and Chronic Pain Medical Treatment Guidelines Section on anti-inflammatory medication page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain activity and functional restoration can resume, but long-term use may not be warranted." The guidelines as such anticipate a discussion of risk versus benefit to support long-term use of anti-inflammatory medications. A review of the records indicates that the records do not contain any such discussion at this time. The request for Naproxen 550mg #100 is not medically necessary and appropriate.

Tizanidine 4mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

Decision rationale: The Chronic Pain Medical Treatment guidelines section on muscle relaxants/tizanidine page 66 states regarding this medication "eight studies have demonstrated efficacy for low back pain...one study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended use as a first line option to treat myofascial pain." Particularly given a situation where multiple drug classes have been noncertified, the guidelines would support this medication as a first line medication. A review of the records indicates that the patient reports improvement from this medication. The guidelines do not mandate elimination of reports of spasms in order to continue the use of this medication, and abuse potential of this medication is minimal compared with other drug classes being utilized. For these reasons, the guidelines do support this request. The request for Tizanidine 4mg #120 is medically necessary and appropriate.

Hydrocodone/APAP 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on Opioids/Ongoing Management page 78 recommends "ongoing review and documentation of pain relief, Final Determination Letter for IMR Case Number CM13-0002010 4 functional status, appropriate medication use, and side effects." A review of the medical records in this case do not document the four domains of opioid management particularly to support functional benefit consistent with the guidelines. Therefore, the request for hydrocodone/APAP is not supported by the guidelines. The request for Hydrocodone/APAP 10/325mg #60 is not medically necessary and appropriate.

Zolpidem 10mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)/Pain Chapter..

Decision rationale: This medication is not specifically discussed in the Medical Treatment Utilization Schedule. The Official Disability Guidelines such as treatment of Workers' Compensation/Pain states regarding insomnia treatment "pharmacological agents should only be used after careful evaluation to potential causes of sleep disturbance...zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-8)." A review of the records provided in this case do not provide alternate rationale for utilizing this medication, particularly in a chronic setting. Therefore, the records and guidelines do not support this request. The request for Zolpidem 10mg #30 is not medically necessary and appropriate.

Xoten-C lotion 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on topical analgesics page 111 states "the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapy required." A review of the medical records in this case do not provide such details to provide a rationale or indication for this topical analgesic. The request for Xoten-C lotion 120 ml is not medically necessary and appropriate.